Review of compliance

Bliss Residential Care Limited The Limes	
Region:	South East
Location address:	Beverley Close Basingstoke Hampshire RG22 4BT
Type of service:	Care home service without nursing
Date of Publication:	December 2011
Overview of the service:	The Limes is a specialist residential home for people with a learning disability. The property is a detached house which has been converted to meet the needs of the residents. The Limes is situated in a cul-de-sac in Basingstoke amongst other residential properties. The accommodation is spread over two floors with five en-suite bedrooms, a communal lounge, dining room and kitchen.

	There is also an enclosed garden at the rear.

Summary of our findings
for the essential standards of quality and safety

Our current overall judgement

The Limes was meeting all the essential standards of quality and safety but, to maintain this, we have suggested that some improvements are made.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 20 October 2011, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

One person told us "I like living here, I look after the staff. They are nice to me so I look after them."

Another person said of her fellow residents "They're all nice people here".

What we found about the standards we reviewed and how well The Limes was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

People who used this service were supported to make decisions about their care and were treated with dignity and respect.

On the basis of the evidence provided and by observing the people using the service we found the service to be compliant with this outcome.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People who used this service had their needs identified and received the appropriate care. Their needs were reviewed regularly to ensure their care plans reflected the actual care needs of the individual.

On the basis of the evidence provided and the care we observed we found the service to be compliant with this outcome.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The residents were protected from the risk of harm or abuse because the provider had made suitable arrangements to identify and respond to any allegations of abuse.

On the basis of the evidence provided we found the service to be compliant with this outcome.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Staff were well supported by senior members of staff and had a good knowledge of their responsibilities to be able to deliver care. However some members of staff had not had the appropriate training in safeguarding.

On the basis of the evidence provided and from talking with the staff working at the service we found that improvements were needed for this outcome

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The care people received was monitored effectively by the home. People benefited from a service that was reviewed, so that trends were identified and risks managed.

On the basis of the evidence provided we found the service to be compliant with this outcome.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take to improve. We will check to make sure that the improvements have been made.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

What we found for each essential standard of quality and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01:
Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:
* Understand the care, treatment and support choices available to them.
* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
* Have their privacy, dignity and independence respected.
* Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us
One of the people living at The Limes showed us the menu and explained how they took turns to help with the cooking and shopping for the meals.

Another resident told us "I love cooking".

Other evidence
Each of the people living at The Limes had been given a service user guide before moving in. We saw two copies of this, a detailed one which was designed for relatives and an adapted one with picture clues and modified language to help the residents understand about The Limes. People coming to live at The Limes had been given a choice of bedroom and the bedrooms had been personalised and decorated to their choice.

We saw photographs of some of the people who lived at The Limes which had been taken with the paint samples they tested on the walls to help them with their decisions.

During our visit we saw staff interacting with residents and speaking to them appropriately, explaining their actions and repeating where necessary.

The staff were able to describe how they protected the residents' privacy and dignity. We looked at two care plans which documented relatives' involvement in the care planning of their family member. Staff told us that they consulted relatives on an ongoing basis to try and build a more comprehensive, person centred plan.

Staff told us that they took care to respect people's dignity whilst providing their personal care. At the time of our inspection, there were only female care staff employed at The Limes for the all female residents.

Residents' food choices were acknowledged and acted upon. Staff explained how residents planned the menus for the house. There was a menu clearly displayed in the kitchen showing the planned meals and alternatives for the week. Staff told us that on a Sunday evening all residents met to choose a selection of meals for the week. Picture prompts of food had been made to enable some residents to be involved in the decision making.

During our visit we saw one of the residents being supported to go on a shopping trip to the local supermarket.

One of the people living at The Limes also told us about the work that they did on a voluntary basis at a nearby charity shop and a new job they were starting at riding stables. This person was hoping to get some paid employment and was being supported by staff to use the job centre.

There was a timetable of events available on the communal notice board which showed this person's work commitments and supporting staff.

Our judgement
People who used this service were supported to make decisions about their care and were treated with dignity and respect.

On the basis of the evidence provided and by observing the people using the service we found the service to be compliant with this outcome.

Outcome 04:
Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:
* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us
On this occasion we were unable to talk to any of the people living at The Limes about their care and treatment so cannot report what they said.

Other evidence
During our visit, we observed staff speaking with residents in a calm, friendly and encouraging way.

Staff demonstrated to us their knowledge and understanding of the needs of the people who used the service by explaining how they responded to, and managed particular behaviours to protect and respect the people in their care. A care plan we sampled explained strategies that could be used to control or avert certain behaviours. We saw this being used during our visit when staff were performing their duties and supporting people using the service.

During our visit we looked at two care plans. Each care plan we saw had a pre-admission assessment. This identified the individual needs of the residents and how the staff would meet their ongoing needs. One of the care plans we looked at had been signed by the resident on admission and any meetings held about a person's care were signed by all the people present including the person it involved.

Not all care plans we saw were signed by the resident and the manager explained that these were signed when they felt that the resident had a clear understanding of its contents.

The care plans we looked at were up to date and had been reviewed at regular intervals. They contained clearly documented routines for the person, their likes, dislikes and personal histories to enable the staff to have a clear understanding of the residents' needs.

We also saw minutes of multi-disciplinary meetings which showed collaborative working between services such as speech and language therapists and the community learning disability nurse to meet the complex needs of a resident.

Staff told us that as there was an overlap of their shifts, this enabled them to communicate people's changing needs verbally to other staff. They were also able to give a comprehensive dialogue of any events and actions which they also documented in the care plans. Care plans we looked at showed the daily diary for each person. Visitors were welcomed at The Limes anytime between 9 am and 11pm but staff were happy to welcome relatives at other times when circumstances dictated.

Staff told us the home operated a key worker system. This is where a resident has a member of staff who has extra responsibilities for ensuring their overall welfare.

During our visit residents were moving freely around the home. Staff were providing timely and appropriate support to those that needed it.
The staff demonstrated their competence by describing the care each resident needed and then demonstrating this in practice which we observed during our visit.

Our judgement
People who used this service had their needs identified and received the appropriate care. Their needs were reviewed regularly to ensure their care plans reflected the actual care needs of the individual.

On the basis of the evidence provided and the care we observed we found the service to be compliant with this outcome.

Outcome 07:
Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:
* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us
On this occasion we did not speak with people who used the service about safeguarding, so cannot report what they said.

Other evidence
During our visit, we spoke with staff who explained the procedure they would follow if they suspected any type of abuse.

Staff showed a good knowledge of safeguarding people from abuse. They demonstrated that they knew how to recognise the signs of abuse and that they must report all cases of concern to the appropriate person.

They told us they felt confident that any concerns they had would be acted upon and were able to discuss issues with any senior member of staff.
Staff were able to direct us to the local safeguarding policy and told us that they had read it.

We saw that a system of coding was in place where any safeguarding issues had to be reported which prevented the use of identifiable information.

There had been notifications sent to the Care Quality Commission (CQC) under the Health and Social Care Act 2008 (HSCA) about incidents at The Limes. These had been reported promptly and the events had been handled correctly in accordance with regulations and the home's safeguarding policy.

The home also had a copy of the latest Hampshire safeguarding adults procedure, which was available in the manager's office for staff to refer to.

Our judgement
The residents were protected from the risk of harm or abuse because the provider had made suitable arrangements to identify and respond to any allegations of abuse.

On the basis of the evidence provided we found the service to be compliant with this outcome.

Outcome 14:
Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:
* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

There are minor concerns with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us
On this occasion we were unable to talk to any of the people living at The Limes or their relatives about this outcome so cannot report what they said.

Other evidence
Staff told us they received regular ongoing supervision and the home supported them to attend training days. During our visit we saw a poster advertising a future training session which everybody was required to attend. Staff were being paid to attend.

The staff we spoke to told us about the training they had received at induction and some were able to tell us about the training they had undergone since. A staff training matrix we were shown listed all staff and the training they had taken part in. We saw copies of the in-house induction programme which covered a wide range of subjects such as fire safety, first aid, health and safety and communication.

Senior members of staff had undertaken extensive training in a large range of subjects including the Mental Capacity Act, Deprivation of Liberty Safeguards (DoLs) and challenging behaviour. Details of this training were available in the staff training profile. However gaps were identified in the training. During our visit we looked at 15 staff training records and noted that only six had undergone Safeguarding of Vulnerable Adults training, five had undergone DoLs training and nine had received training in the Mental Capacity Act.

We were told that inexperienced staff always had a senior member of staff with them and we saw evidence of this in the staff rotas we were shown.

Staff had regular supervision; we were shown evidence of this with formal supervision meetings every two months and all records signed and dated by both the manager and the staff member

Our judgement
Staff were well supported by senior members of staff and had a good knowledge of their responsibilities to be able to deliver care. However some members of staff had not had the appropriate training in safeguarding.

On the basis of the evidence provided and from talking with the staff working at the service we found that improvements were needed for this outcome

Outcome 16:
Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:
* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us
One of the people who lived at The Limes told us that they had house meetings which they organised.

Other evidence
The staff said they had regular staff meetings to share views or ideas to improve the service. The staff said they could talk to the manager but they also shared ideas and changes with the rest of the staff team. A member of staff told us that during staff meetings everybody had a voice and they felt able to discuss and suggest ideas for improving the service at The Limes.

Residents at The Limes also had regular meetings for which we saw minutes and responses to ideas raised by the residents.

At the time of our visit the manager was in the process of carrying out an audit of the service. Questionnaires had been sent to all relatives and staff. The subjects covered in the questionnaire included staff involvement, consent activities, choices and lifestyle. There had already been a positive response from relatives.

We saw the results of the last quality assurance questionnaire that had been completed. Comments included; "Very professional staff team". A respondent felt that they had been given a comprehensive outline of the home's aims and objectives and another felt that people who used the service were well supported.

Some of the people at The Limes could not give feedback verbally about the service but could give indirect feedback by their actions. This evidence helped the staff to identify and manage any risks associated with the welfare of the residents.

People who used the service also had an induction questionnaire for relatives to complete and the staff of the service had regular meetings with relatives to obtain feedback about the service.

During our visit we were also shown copies of the home's complaints form. This was available in three different formats for a variety of learning disabilities. Any complaints that had been received had been acknowledged in writing within three days and any other actions had been recorded.

Our judgement
The care people received was monitored effectively by the home. People benefited from a service that was reviewed, so that trends were identified and risks managed.

On the basis of the evidence provided we found the service to be compliant with this outcome.

Action
we have asked the provider to take

Improvement actions

The table below shows where improvements should be made so that the service provider **maintains** compliance with the essential standards of quality and safety.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 14: Supporting staff
	Why we have concerns: Staff were well supported by senior members of staff and had a good knowledge of their responsibilities to be able to deliver care. However some members of staff had not had the appropriate training in safeguarding. On the basis of the evidence provided and from talking with the staff working at the service we found that improvements were needed for this outcome	

The provider must send CQC a report about how they are going to maintain compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

CQC should be informed in writing when these improvement actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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Care Quality Commission

Website	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA